

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>A-H</i>	<i>72192</i>	<i>3/1/00</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>7</i>	<i>3/15/00</i>
<b>FORMALITY REVIEW</b>	<i>ERW</i>	<i>72622</i>	<i>7-5-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
1	8/2/93	Original		51	
2	1/1/94	Original		52	
3	4/1/94	Original		53	
4	4/1/94	Original		54	
5	4/1/94	Original		55	
6	4/1/94	Original		56	
7	4/1/94	Original		57	
8	4/1/94	Original		58	
9	4/1/94	Original		59	
10	4/1/94	Original		60	
11	4/1/94	Original		61	
12	4/1/94	Original		62	
13	4/1/94	Original		63	
14	4/1/94	Original		64	
15	4/1/94	Original		65	
16	4/1/94	Original		66	
17	4/1/94	Original		67	
18	4/1/94	Original		68	
19	4/1/94	Original		69	
20	4/1/94	Original		70	
21	4/1/94	Original		71	
22	4/1/94	Original		72	
23	4/1/94	Original		73	
24	4/1/94	Original		74	
25	4/1/94	Original		75	
26	4/1/94	Original		76	
27	4/1/94	Original		77	
28	4/1/94	Original		78	
29	4/1/94	Original		79	
30	4/1/94	Original		80	
31	4/1/94	Original		81	
32	4/1/94	Original		82	
33	4/1/94	Original		83	
34	4/1/94	Original		84	
35	4/1/94	Original		85	
36	4/1/94	Original		86	
37	4/1/94	Original		87	
38	4/1/94	Original		88	
39	4/1/94	Original		89	
40	4/1/94	Original		90	
41	4/1/94	Original		91	
42	4/1/94	Original		92	
43	4/1/94	Original		93	
44	4/1/94	Original		94	
45	4/1/94	Original		95	
46	4/1/94	Original		96	
47	4/1/94	Original		97	
48	4/1/94	Original		98	
49				99	
50				100	

**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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